AN UNUSUAL CASE OF GOUNDOU

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Whilst at Kanre Lahun, on the Liberian frontier, I chanced to see a case of Goundou which presented some unusual and interesting characters.

The patient was a Mendi man, about 22 years of age. He stated that about five years ago the usual tumours began to grow, their appearance being preceded by a severe attack of yaws and constant severe headache. He said he had never had syphilis. About a year later, a third tumour began to develop on the left side of the face in the malar region. This third tumour is slowly increasing in size, whilst the others (nasal) have not increased to any appreciable extent during the past two years. It is only within the last few months that a discharge has been noticed from the right nostril, and no discharge has ever been observed from the left. Constant severe headache has been present, preventing him from working and causing loss of sleep. When he stoops down the pain is greatly increased.

On examination the patient is seen to be of poor physique.

FACE. On each side of the nose, springing from the nasal processes of the superior maxillae, a tumour is seen. They are symmetrical, sessile, and of bony hardness. Somewhat oval in shape, the long axis being downwards and outwards, they are smooth with normal skin freely moveable over them. They are dull on percussion. There is a foul discharge coming from the right nostril. The passage of tears through the nasal ducts is not interfered with. The tumours practically fill the nostrils, and the patient is unable to breathe through the nose. The sense of smell is totally lost; he is unable to distinguish the odours of tobacco, ammonia, and peppermint.

On the left side of the face a third tumour is seen in the malar region close to, but separate from, the previously described ones. In size and shape it is about that of half a hen's egg, but it is not entirely smooth and regular, as on its upper and outer aspect a protuberance can be felt. The long axis of the tumour is upwards and outwards, and the outer canthus of the eye is dragged with it. It

does not invade the orbital cavity. The tumour is of bony hardness, is not painful on being handled, is dull on percussion, and the skin over it is normal and freely moveable. Pain is frequently felt radiating to the tempero-maxillary articulation. There is no sign of oedema or 'egg-shell' crackling. This tumour has developed more rapidly than the usual tumours.

Examination of the mouth shows nothing abnormal, the patient possessing a perfect set of teeth with none missing. His palate is normal, though somewhat low, and both sides are symmetrical. His chest is flat; his breasts are unduly developed, and the nipples are large and prominent. His heart and lungs are normal. The abdominal organs are also normal. His legs are remarkable for the great forward curving of the tibiae, without any thickness of their anterior borders, which are quite 'sword-like' in sharpness. From time to time sharp shooting pain is experienced in the legs. The reflexes are normal. Scars of old yaws can be seen on his chest and arms.

Treatment. Potassium iodide in increasing doses, bromides, phenacetin, &c., were all apparently useless.

The chief reason for venturing to bring forward this case is the presence of the third tumour. I have been unable to find that such has been described before associated with goundou. The associated curvature of the tibiae has been noted already by others, but it is not referred to in most text books dealing with tropical disease, and the same observation largely holds in reference to the continued patency of the nasal (lachrymal) ducts. The definite history of yaws preceding the appearance of the tumours is also of interest, and the fact that nasal discharge was not frequent till after the onset of growth of the tumours.

To what the origin of the third tumour is due I am doubtful. It is in a position which would lead one to suspect the cause might lie in the Antrum of Highmore, but there is neither apparent thinning of bone, discharge from the left nostril, missing or decayed teeth, nor depression of the left palate. I could get no evidence to support the theory that the nasal passages had been invaded by larvae.

Goundou has been already reported from Sierra Leone, but I believe the disease may be said to be rare in this part of West Africa. I regret the patient refused to allow me to operate for the removal of any of the tumours.